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36218 7590 11/17/2005

KLARQUIST SPARKMAN, LLP
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(Depositor's name)

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/048,194	02/15/2002	Michael R. Emmert-Buck	4239-61944	2881

TITLE OF INVENTION: LAYERED DEVICE WITH CAPTURE REGIONS FOR CELLULES ANALYSIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	02/20/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SANG, HONG	1643	435-004000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)	2. For printing on the patent front page, list
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
Klarquist Sparkman, LLP	
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3. _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SEE ATTACHED

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Don Carter

Date February 20, 2007

Registration No. 47,472

Typed or printed name Anne Carlson, Ph.D.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

(A) NAME OF ASSIGNEE:

The Government of the United States of America as represented by the Secretary of the
Department of Health and Human Services

(B) RESIDENCE: (CITY and STATE)

Rockville, Maryland

Assignee category: Government